

EXHIBIT 8

| | | |
|---|---|--|
| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0390 (April 2000) | FOR FCC USE ONLY CODE NO. B395B - 20001116AFB |
| BROADCAST STATION ANNUAL EMPLOYMENT REPORT | | |

| | | | |
|--|--|-------------------------------|--|
| SECTION I | | | |
| Legal Name of the Licensee CITICASTERS CO. | | | |
| Mailing Address 200 EAST BASSE RD | | | |
| City SAN ANTONIO | State or Country (if foreign address) TX | Zip Code 78209 - 8328 | |
| Telephone Number (include area code) 2108222828 | | E-Mail Address (if available) | |
| | Facility ID Number S9957 | Call Sign KABL | |

| | | | |
|-----------------------------------|--|---|--------------------------|
| SECTION II | | | |
| A. TYPE OF RESPONDENT: | Commercial Broadcast Station | Noncommercial Broadcast Station | Headquarters |
| | <input checked="" type="radio"/> Radio | <input type="radio"/> Educational Radio | <input type="radio"/> HQ |
| | <input type="radio"/> TV | <input type="radio"/> Educational TV | |
| | <input type="radio"/> Low Power TV | | |
| | <input type="radio"/> International | | |

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KNEW | 59966 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | OAKLAND, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KIOI | 34930 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | SAN FRANCISCO, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KIOI | 4085 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | WALNUT CREEK, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|--------------------------------|--------------------------|
| | | | |

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|------|-------|---|----------------|
| KIOI | 90740 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PLEASANTON, CA |
|------|-------|---|----------------|

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KISQ | 59964 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | SAN FRANCISCO, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KISQ | 59992 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | WALNUT CREEK, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KISQ | 59993 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PLEASANTON, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KISQ | 59973 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | CONCORD, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KKSF | 65484 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | SAN FRANCISCO, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KMEL | 35121 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | SAN FRANCISCO, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KMEL | 35122 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | CONCORD, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KSAN | 59990 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PLEASANTON, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KSAN | 91407 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | MILL VALLEY, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KSOL | 70032 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | SAN FRANCISCO, CA |

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|--|--|--|--|

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KXJO | 36029 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | ALAMEDA, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KXJO | 35013 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | ORINDA, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KYLD | 59989 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | SAN FRANCISCO, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KZOL | 70033 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | SANTA CRUZ, CA |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KABL | 59957 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | OAKLAND, CA |

| | |
|---|--|
| SECTION III | |
| A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000 | |
| B. CHECK APPLICABLE BOX | |
| <input type="radio"/> | Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC) |
| <input checked="" type="radio"/> | Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC) |

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

| | |
|--------|-------------------------|
| Signed | Print Name RICK WOLF |
|--------|-------------------------|

| | |
|---------------------------|--|
| Title VP, CORP COUNSEL | Telephone No. (include area code) 2108323322 |
| Date 11/15/2000 | |

SECTION V EMPLOYEE DATA**A. FULL-TIME PAID EMPLOYEE DATA**

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**FULL-TIME PAID EMPLOYEE DATA**

| | | MALE | | | | | |
|-----|------------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) |
| 1. | OFFICIALS & MANAGERS | 32 | 15 | 1 | 1 | 1 | 1 |
| 2. | PROFESSIONALS | 47 | 22 | 3 | 4 | 6 | |
| 3. | TECHNICIANS | 7 | 6 | | | | |
| 4. | SALES WORKERS | 44 | 18 | 1 | 1 | 1 | |
| 5. | OFFICE & CLERICAL | 53 | 8 | 4 | 2 | 5 | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | 2 | 1 | | | 1 | |
| 8. | LABORERS (UNSKILLED) | | | | | | |
| 9. | SERVICE WORKERS | | | | | | |
| 10. | TOTAL | 185 | 70 | 9 | 8 | 14 | 1 |

| | | FEMALE | | | | |
|----|----------------------------|-------------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | WHITE - (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. | OFFICIALS & MANAGERS | 8 | 2 | 1 | 2 | |
| 2. | PROFESSIONALS | 5 | 6 | | 1 | |
| 3. | TECHNICIANS | | | | 1 | |
| 4. | SALES WORKERS | 16 | 1 | 1 | 5 | |
| 5. | OFFICE & CLERICAL | 13 | 9 | 4 | 8 | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | |

| | | | | | | |
|-----|------------------------------|----|----|---|----|--|
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | | | | | |
| 10. | TOTAL | 42 | 18 | 6 | 17 | |

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**PART-TIME PAID EMPLOYEE DATA**

| | | MALE | | | | | |
|-----|------------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) |
| 1. | OFFICIALS & MANAGERS | 1 | | | | | |
| 2. | PROFESSIONALS | 20 | 3 | 1 | 5 | 1 | |
| 3. | TECHNICIANS | 15 | 1 | 3 | 3 | 4 | |
| 4. | SALES WORKERS | | | | | | |
| 5. | OFFICE & CLERICAL | 67 | 8 | 8 | 13 | 11 | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | 3 | 2 | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | | |
| 9. | SERVICE WORKERS | | | | | | |
| 10. | TOTAL | 106 | 14 | 12 | 21 | 16 | |

| | | FEMALE | | | | |
|----|-------------------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. | OFFICIALS & MANAGERS | | | 1 | | |
| 2. | PROFESSIONALS | 5 | 4 | 1 | | |
| 3. | TECHNICIANS | 1 | 1 | 1 | 1 | |
| 4. | SALES WORKERS | | | | | |
| 5. | OFFICE & | 10 | 4 | 4 | 9 | |

| | | | | | | | |
|-----|------------------------------|----|---|---|----|--|--|
| | CLERICAL | | | | | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | 1 | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | | |
| 9. | SERVICE WORKERS | | | | | | |
| 10. | TOTAL | 17 | 9 | 7 | 10 | | |

Additional Information [Exhibit 1]

Exhibits

EXHIBIT 9

| | | |
|---|---|--|
| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0390 (April 2000) | FOR FCC USE ONLY CODE NO. B395B - 20001116AGP |
| BROADCAST STATION ANNUAL EMPLOYMENT REPORT | | |

| | | |
|--|--|--------------------------|
| SECTION I | | |
| Legal Name of the Licensee CITICASTERS CO. | | |
| Mailing Address 200 EAST BASSE ROAD | | |
| City SAN ANTONIO | State or Country (if foreign address) TX | Zip Code 78209 - 8328 |
| Telephone Number (include area code) 2108222828 | E-Mail Address (if available) | |
| | Facility ID Number 23082 | Call Sign KBME |

| | | | |
|-----------------------------------|---|--|--|
| SECTION II | | | |
| A. TYPE OF RESPONDENT: | Commercial Broadcast Station <input checked="" type="radio"/> Radio <input type="radio"/> TV <input type="radio"/> Low Power TV <input type="radio"/> International | Noncommercial Broadcast Station <input type="radio"/> Educational Radio <input type="radio"/> Educational TV | Headquarters <input type="radio"/> HQ |

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KBXX | 11969 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KHMx | 47749 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KJOJ | 20625 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | CONROE, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|--------------------------------|--------------------------|
| | | | |

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|------|-------|---|--------------|
| KJOJ | 69565 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | FREEPORT, TX |
|------|-------|---|--------------|

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KKBQ | 23083 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PASADENA, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KKRW | 9625 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KKTL | 65308 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | CLEVELAND, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KLAT | 67063 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KLDE | 59951 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | LAKE JACKSON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KLOL | 35073 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KLTN | 65310 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KLTO | 479 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | GALVESTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KMJQ | 11971 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KODA | 35337 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

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|--|--|--|--|

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KOVA | 57806 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | ROSENBERG, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KOVE | 25583 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PORT ARTHUR, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KPRC | 9644 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KQUE | 65309 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KRTX | 57804 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | ROSENBERG, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KRTX | 57801 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | WINNIE, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KSEV | 9645 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | TOMBALL, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KTBZ | 18516 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KTRH | 35674 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KBME | 23082 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | HOUSTON, TX |

SECTION III**A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000**

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

| | |
|--------------------|--|
| Signed | Print Name RICK WOLF |
| Title VP | Telephone No. (include area code) 210-832-33 |
| Date 11/15/2000 | |

SECTION V EMPLOYEE DATA**A. FULL-TIME PAID EMPLOYEE DATA**

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**FULL-TIME PAID EMPLOYEE DATA**

| | | MALE | | | | | |
|----|----------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) |
| 1. | OFFICIALS & MANAGERS | 28 | 15 | | 1 | | |
| 2. | PROFESSIONALS | 35 | 19 | | 3 | | |
| 3. | TECHNICIANS | 9 | 7 | 1 | 1 | | |
| 4. | SALES WORKERS | 48 | 13 | 1 | 1 | | |
| 5. | OFFICE & CLERICAL | 28 | 5 | 1 | 1 | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | | |

| | | | | | |
|-----|------------------------------|-----|----|---|---|
| 7. | OPERATIVES (SEMI-SKILLED) | | | | |
| 8. | LABORERS (UNSKILLED) | | | | |
| 9. | SERVICE WORKERS | 1 | 1 | | |
| 10. | TOTAL | 149 | 60 | 3 | 7 |

| | | FEMALE | | | | |
|-----|------------------------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. | OFFICIALS & MANAGERS | 4 | 4 | 4 | | |
| 2. | PROFESSIONALS | 9 | 1 | 3 | | |
| 3. | TECHNICIANS | | | | | |
| 4. | SALES WORKERS | 29 | 2 | 2 | | |
| 5. | OFFICE & CLERICAL | 9 | 5 | 7 | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | | | | | |
| 10. | TOTAL | 51 | 12 | 16 | | |

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**PART-TIME PAID EMPLOYEE DATA**

| | | MALE | | | | | |
|----|-------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) |
| 1. | OFFICIALS & MANAGERS | | | | | | |
| 2. | PROFESSIONALS | 18 | 8 | 1 | | | |
| 3. | TECHNICIANS | | | | | | |
| 4. | SALES WORKERS | | | | | | |
| 5. | OFFICE & | 16 | 4 | 2 | 4 | 1 | |

| | | | | | | |
|-----|------------------------------|----|----|---|---|---|
| | CLERICAL | | | | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | 8 | 4 | | 1 | |
| 10. | TOTAL | 42 | 16 | 3 | 5 | 2 |

| | | FEMALE | | | | |
|-----|------------------------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. | OFFICIALS & MANAGERS | | | | | |
| 2. | PROFESSIONALS | 7 | 1 | | | |
| 3. | TECHNICIANS | | | | | |
| 4. | SALES WORKERS | | | | | |
| 5. | OFFICE & CLERICAL | 4 | | 1 | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | 2 | | | | |
| 10. | TOTAL | 13 | 1 | 1 | 1 | |

Additional Information [Exhibit 1]

Exhibits

EXHIBIT 10

| | | | | | |
|---|--|---|--|--|--------------------------|
| Federal Communications Commission Washington, D.C. 20554 | | Approved by OMB 3060-0390 (April 2000) | | FOR FCC USE ONLY CODE NO. B395B - 20001116AIL | |
| BROADCAST STATION ANNUAL EMPLOYMENT REPORT | | | | | |
| SECTION I | | | | | |
| Legal Name of the Licensee AMFM RADIO LICENSES, LLC | | | | | |
| Mailing Address 200 EAST BASSE RD | | | | | |
| City SAN ANTONIO | | | State or Country (if foreign address) TX | | Zip Code 78209 - 8328 |
| Telephone Number (include area code) 2108222828 | | | E-Mail Address (if available) | | |
| Facility ID Number 51162 | | | Call Sign WGCI | | |

| | | | |
|-----------------------------------|--|---|--------------------------|
| SECTION II | | | |
| A. TYPE OF RESPONDENT: | Commercial Broadcast Station | Noncommercial Broadcast Station | Headquarters |
| | <input checked="" type="radio"/> Radio | <input type="radio"/> Educational Radio | <input type="radio"/> HQ |
| | <input type="radio"/> TV | <input type="radio"/> Educational TV | |
| | <input type="radio"/> Low Power TV | | |
| | <input type="radio"/> International | | |

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WIND | 67068 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | CHICAGO, IL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WLXX | 11196 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | CHICAGO, IL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WGCI | 51165 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | CHICAGO, IL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|--------------------------------|--------------------------|
| | | | |

| | | | |
|------|-------|---|-------------|
| WLIT | 70042 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | CHICAGO, IL |
|------|-------|---|-------------|

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WOJO | 67073 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | EVANSTON, IL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WUBT | 74178 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | CHICAGO, IL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WVAZ | 6588 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | OAK PARK, IL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WGCI | 51162 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | CHICAGO, IL |

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

| | |
|---------------------------|--|
| Signed | Print Name RICK WOLF |
| Title VP, CORP COUNSEL | Telephone No. (include area code) 2108323322 |
| Date | |

11/15/2000

SECTION V EMPLOYEE DATA**A. FULL-TIME PAID EMPLOYEE DATA**

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**FULL-TIME PAID EMPLOYEE DATA**

| MALE | | | | | | | |
|------------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|--|
| Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) | |
| 1. OFFICIALS & MANAGERS | 41 | 15 | 7 | | | | |
| 2. PROFESSIONALS | 47 | 8 | 20 | 1 | 1 | | |
| 3. TECHNICIANS | 12 | 8 | 1 | | 1 | | |
| 4. SALES WORKERS | 66 | 15 | 13 | | | | |
| 5. OFFICE & CLERICAL | 56 | 7 | 2 | | | | |
| 6. CRAFT WORKERS (SKILLED) | | | | | | | |
| 7. OPERATIVES (SEMI-SKILLED) | 1 | | 1 | | | | |
| 8. LABORERS (UNSKILLED) | | | | | | | |
| 9. SERVICE WORKERS | | | | | | | |
| 10. TOTAL | 223 | 53 | 44 | 1 | 2 | | |

| FEMALE | | | | | | | |
|------------------------------|--|-----------------------------------|-----------------------------------|-----------------|--|---|--|
| Job Categories | | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) | |
| 1. OFFICIALS & MANAGERS | | 8 | 10 | | 1 | | |
| 2. PROFESSIONALS | | 6 | 10 | 1 | | | |
| 3. TECHNICIANS | | 1 | 1 | | | | |
| 4. SALES WORKERS | | 25 | 12 | 1 | | | |
| 5. OFFICE & CLERICAL | | 12 | 33 | 1 | 1 | | |
| 6. CRAFT WORKERS (SKILLED) | | | | | | | |
| 7. OPERATIVES (SEMI-SKILLED) | | | | | | | |
| 8. LABORERS | | | | | | | |

| | | | | | | |
|-----|-----------------|----|----|---|---|--|
| | (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | | | | | |
| 10. | TOTAL | 52 | 66 | 3 | 2 | |

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**PART-TIME PAID EMPLOYEE DATA**

| | | MALE | | | | | |
|-----|---------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) |
| 1. | OFFICIALS & MANAGERS | | | | | | |
| 2. | PROFESSIONALS | 38 | 8 | 20 | | | |
| 3. | TECHNICIANS | 12 | 6 | 4 | | 1 | |
| 4. | SALES WORKERS | 2 | | 1 | | | |
| 5. | OFFICE & CLERICAL | 21 | 3 | 8 | | 1 | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | | |
| 9. | SERVICE WORKERS | | | | | | |
| 10. | TOTAL | 73 | 17 | 33 | | 2 | |

| | | FEMALE | | | | |
|----|----------------------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. | OFFICIALS & MANAGERS | | | | | |
| 2. | PROFESSIONALS | | | | | |
| 3. | TECHNICIANS | | | | | |
| 4. | SALES WORKERS | | | | | |
| 5. | OFFICE & CLERICAL | | | | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | |

| | | | | | | | |
|-----|------------------------------|--|---|----|--|--|--|
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | | |
| 9. | SERVICE WORKERS | | | | | | |
| 10. | TOTAL | | 4 | 17 | | | |

Additional Information [Exhibit 1]

Exhibits

EXHIBIT 11

| | | |
|---|---|--|
| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0390 (April 2000) | FOR FCC USE ONLY CODE NO. B395B - 20001116AFG |
| BROADCAST STATION ANNUAL EMPLOYMENT REPORT | | |

| | | |
|--|--|--------------------------|
| SECTION I | | |
| Legal Name of the Licensee CITICASTERS CO. | | |
| Mailing Address 200 EAST BASSE RD | | |
| City SAN ANTONIO | State or Country (if foreign address) TX | Zip Code 78209 - 8328 |
| Telephone Number (include area code) 2108222828 | E-Mail Address (if available) | |
| | Facility ID Number 63918 | Call Sign KFYI |

| | | | |
|-----------------------------------|---|--|--|
| SECTION II | | | |
| A. TYPE OF RESPONDENT: | Commercial Broadcast Station <input checked="" type="radio"/> Radio <input type="radio"/> TV <input type="radio"/> Low Power TV <input type="radio"/> International | Noncommercial Broadcast Station <input type="radio"/> Educational Radio <input type="radio"/> Educational TV | Headquarters <input type="radio"/> HQ |

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KFYI | 65480 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | PARADISE VALLEY, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KOY | 63914 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | PHOENIX, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KESZ | 40992 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PHOENIX, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|--------------------------------|--------------------------|
| | | | |

| | | | |
|------|-------|---|---------------------|
| KHOT | 59422 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PARADISE VALLEY, AZ |
|------|-------|---|---------------------|

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KKFR | 65479 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | GLENDALE, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KMLE | 59965 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | CHANDLER, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KMXP | 6361 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PHOENIX, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KNIX | 7698 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PHOENIX, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KOOL | 13506 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PHOENIX, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KYOT | 18648 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PHOENIX, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KZON | 63913 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | PHOENIX, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KZZP | 47742 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | MESA, AZ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| KFYI | 63918 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | PHOENIX, AZ |

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

| | |
|---------------------------|---|
| Signed | Print Name RICK WOLF |
| Title VP, CORP COUNSEL | Telephone No. (include area code) 2108323322 |
| Date 11/15/2000 | |

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

| MALE | | | | | | | |
|-------------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|--|
| Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) | |
| 1. OFFICIALS & MANAGERS | 27 | 14 | | 1 | | | |
| 2. PROFESSIONALS | 53 | 31 | | 3 | | 1 | |
| 3. TECHNICIANS | 5 | 5 | | | | | |
| 4. SALES WORKERS | 46 | 12 | 2 | 1 | | | |
| 5. OFFICE & CLERICAL | 27 | 6 | | | | | |
| 6. CRAFT WORKERS (SKILLED) | | | | | | | |
| 7. OPERATIVES | | | | | | | |

| | | | | | | |
|-----|-------------------------|-----|----|---|---|---|
| | (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | | | | | |
| 10. | TOTAL | 158 | 68 | 2 | 5 | 1 |

| | | FEMALE | | | | |
|-----|------------------------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. | OFFICIALS & MANAGERS | 11 | | | | 1 |
| 2. | PROFESSIONALS | 15 | 1 | 2 | | |
| 3. | TECHNICIANS | | | | | |
| 4. | SALES WORKERS | 26 | 2 | 2 | 1 | |
| 5. | OFFICE & CLERICAL | 15 | 3 | 2 | | 1 |
| 6. | CRAFT WORKERS (SKILLED) | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | | | | | |
| 10. | TOTAL | 67 | 6 | 6 | 1 | 2 |

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**PART-TIME PAID EMPLOYEE DATA**

| | | MALE | | | | | |
|----|-------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) |
| 1. | OFFICIALS & MANAGERS | | | | | | |
| 2. | PROFESSIONALS | 18 | 11 | 1 | 2 | | |
| 3. | TECHNICIANS | 5 | 4 | | | | |
| 4. | SALES WORKERS | 2 | 1 | | | | |
| 5. | OFFICE & CLERICAL | 13 | 2 | 1 | 2 | | |
| | | | | | | | |

| | | | | | | |
|-----|------------------------------|----|----|---|---|--|
| 6. | CRAFT WORKERS (SKILLED) | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | 1 | 1 | | | |
| 9. | SERVICE WORKERS | | | | | |
| 10. | TOTAL | 39 | 19 | 2 | 4 | |

| | | FEMALE | | | | |
|-----|------------------------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. | OFFICIALS & MANAGERS | | | | | |
| 2. | PROFESSIONALS | 4 | | | | |
| 3. | TECHNICIANS | 1 | | | | |
| 4. | SALES WORKERS | | | 1 | | |
| 5. | OFFICE & CLERICAL | 7 | | 1 | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | | | | | |
| 10. | TOTAL | 12 | | 2 | | |

Additional Information [Exhibit 1]

Exhibits

EXHIBIT 12

| | | |
|---|---|--|
| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0390 (April 2000) | FOR FCC USE ONLY CODE NO. B395B - 20001116ACO |
| BROADCAST STATION ANNUAL EMPLOYMENT REPORT | | |

SECTION I

| | | |
|---|--|--------------------------|
| Legal Name of the Licensee CLEAR CHANNEL BROADCASTING LICENSES, INC. | | |
| Mailing Address 200 EAST BASSE RD | | |
| City SAN ANTONIO | State or Country (if foreign address) TX | Zip Code 78209 - 8328 |
| Telephone Number (include area code) 2108222828 | E-Mail Address (if available) | |
| | Facility ID Number 37254 | Call Sign WAQI |

SECTION II

| | | | |
|-----------------------------------|--|---|--------------------------|
| A. TYPE OF RESPONDENT: | Commercial Broadcast Station | Noncommercial Broadcast Station | Headquarters |
| | <input checked="" type="radio"/> Radio | <input type="radio"/> Educational Radio | <input type="radio"/> HQ |
| | <input type="radio"/> TV | <input type="radio"/> Educational TV | |
| | <input type="radio"/> Low Power TV | | |
| | <input type="radio"/> International | | |

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WINZ | 51977 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | MIAMI, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WIOD | 14242 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | MIAMI, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WQBA | 73912 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | MIAMI, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|--------------------------------|--------------------------|
| | | | |

| | | | |
|------|-------|---|------------------|
| WVCG | 74165 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | CORAL GABLES, FL |
|------|-------|---|------------------|

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WAMR | 61658 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | MIAMI, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WBGG | 11965 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | FT. LAUDERDALE, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WEDR | 71418 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | MIAMI, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WHYI | 41381 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | FT. LAUDERDALE, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WLVE | 51978 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | MIAMI BEACH, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WMGE | 67193 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | FT. LAUDERDALE, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WRTD | 37253 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | GOULDS, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WZTA | 51979 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | MIAMI BEACH, FL |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WAQI | 37254 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | MIAMI, FL |

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

| | |
|---------------------------|--|
| Signed | Print Name RICK WOLF |
| Title VP, CORP COUNSEL | Telephone No. (include area code) 2108323322 |
| Date 11/15/2000 | |

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

| | | MALE | | | | | |
|----|----------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) |
| 1. | OFFICIALS & MANAGERS | 30 | 17 | | 1 | | |
| 2. | PROFESSIONALS | 63 | 35 | 4 | 6 | 1 | |
| 3. | TECHNICIANS | 15 | 7 | 1 | 4 | 1 | |
| 4. | SALES WORKERS | 67 | 29 | 2 | 5 | | |
| 5. | OFFICE & CLERICAL | 45 | 11 | 4 | 1 | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | | |
| 7. | OPERATIVES | | | | | | |

| | | | | | | |
|-----|-------------------------|-----|----|----|----|---|
| | (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | 2 | | 1 | | |
| 9. | SERVICE WORKERS | 1 | | | | |
| 10. | TOTAL | 223 | 99 | 12 | 18 | 2 |

| FEMALE | | | | | | |
|---------------------------------|--|-----------------------------------|-----------------------------------|-----------------|--|---|
| Job Categories | | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. OFFICIALS & MANAGERS | | 10 | 1 | 1 | | |
| 2. PROFESSIONALS | | 9 | 4 | 4 | | |
| 3. TECHNICIANS | | 2 | | | | |
| 4. SALES WORKERS | | 22 | 4 | 41 | | |
| 5. OFFICE & CLERICAL | | 12 | 6 | 11 | | |
| 6. CRAFT WORKERS (SKILLED) | | | | | | |
| 7. OPERATIVES (SEMI-SKILLED) | | | | | | |
| 8. LABORERS (UNSKILLED) | | | 1 | | | |
| 9. SERVICE WORKERS | | | | | | |
| 10. TOTAL | | 55 | 16 | 20 | 1 | |

B. PART-TIME PAID EMPLOYEE DATA
[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

| MALE | | | | | | |
|----------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) |
| 1. OFFICIALS & MANAGERS | | | | | | |
| 2. PROFESSIONALS | 24 | 8 | | 3 | | |
| 3. TECHNICIANS | 4 | 2 | 1 | 1 | | |
| 4. SALES WORKERS | | | | | | |
| 5. OFFICE & CLERICAL | 16 | 4 | | 4 | | |

| | | | | | | |
|-----|------------------------------|----|----|---|----|--|
| 6. | CRAFT WORKERS (SKILLED) | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | 1 | 1 | | | |
| 8. | LABORERS (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | | | | | |
| 10. | TOTAL | 45 | 15 | 1 | -8 | |

| | | FEMALE | | | | | |
|-----|------------------------------|--------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. | OFFICIALS & MANAGERS | | | | | | |
| 2. | PROFESSIONALS | | 8 | 2 | 3 | | |
| 3. | TECHNICIANS | | | | | | |
| 4. | SALES WORKERS | | | | | | |
| 5. | OFFICE & CLERICAL | | 2 | 2 | 4 | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | | |
| 9. | SERVICE WORKERS | | | | | | |
| 10. | TOTAL | | 10 | 4 | 7 | | |

Additional Information [Exhibit 1]

Exhibits

EXHIBIT 13

| | | | |
|---|--|--|--|
| Federal Communications Commission Washington, D.C. 20554 | | Approved by OMB 3060-0390 (April 2000) | FOR FCC USE ONLY CODE NO. B395B - 20001116AHT |
| BROADCAST STATION ANNUAL EMPLOYMENT REPORT | | | |
| SECTION I | | | |
| Legal Name of the Licensee WAXQ LICENSE CORP. | | | |
| Mailing Address 200 EAST BASSE ROAD | | | |
| City SAN ANTONIO | | State or Country (if foreign address) TX | Zip Code 78209 - 8328 |
| Telephone Number (include area code) 2108222828 | | E-Mail Address (if available) | |
| | | Facility ID Number 70684 | Call Sign WADO |

| | | | |
|-----------------------------------|--|--|--|
| SECTION II | | | |
| A. TYPE OF RESPONDENT: | Commercial Broadcast Station | | Noncommercial Broadcast Station |
| | <input checked="" type="radio"/> Radio | | <input type="radio"/> Educational Radio |
| | <input type="radio"/> TV | | <input type="radio"/> Educational TV |
| | <input type="radio"/> Low Power TV | | |
| | <input type="radio"/> International | | |
| | | | Headquarters <input type="radio"/> HQ |

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WAXQ | 23004 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | NEW YORK, NY |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WCAA | 46978 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | NEWARK, NJ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WHTZ | 59953 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | NEWARK, NJ |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|--------------------------------|--------------------------|
| | | | |

| | | | |
|------|------|---|------------------|
| WKTU | 6595 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | LAKE SUCCESS, NY |
|------|------|---|------------------|

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WLTW | 56571 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | NEW YORK, NY |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WTJM | 6373 | <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV | NEW YORK, NY |

| Call Sign | Facility ID Number | Type (check applicable box) | Location (City/State) |
|-----------|--------------------|---|--------------------------|
| WADO | 70684 | <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV | NEW YORK, NY |

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

| | |
|--------------------------------|--|
| Signed | Print Name RICK WOLF |
| Title VP, CORPORATE COUNSEL | Telephone No. (include area code) 210-832-33 |
| Date 11/15/2000 | |

SECTION V EMPLOYEE DATA**A. FULL-TIME PAID EMPLOYEE DATA**

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**FULL-TIME PAID EMPLOYEE DATA**

| | | MALE | | | | | |
|-----|------------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) |
| 1. | OFFICIALS & MANAGERS | 45 | 26 | | 1 | 1 | |
| 2. | PROFESSIONALS | 62 | 35 | 3 | 2 | 1 | |
| 3. | TECHNICIANS | 9 | 6 | | 2 | 1 | |
| 4. | SALES WORKERS | 62 | 23 | | | | |
| 5. | OFFICE & CLERICAL | 66 | 17 | 1 | 1 | 1 | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | | |
| 9. | SERVICE WORKERS | | | | | | |
| 10. | TOTAL | 244 | 107 | 4 | 6 | 4 | |

| | | FEMALE | | | | |
|-----|------------------------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. | OFFICIALS & MANAGERS | 15 | | 1 | 1 | |
| 2. | PROFESSIONALS | 13 | 6 | 2 | | |
| 3. | TECHNICIANS | | | | | |
| 4. | SALES WORKERS | 32 | 3 | 2 | 2 | |
| 5. | OFFICE & CLERICAL | 32 | 8 | 6 | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | | | | | |
| 10. | TOTAL | 92 | 17 | 11 | 3 | |

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**PART-TIME PAID EMPLOYEE DATA**

| | | MALE | | | | | |
|-----|------------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) |
| 1. | OFFICIALS & MANAGERS | | | | | | |
| 2. | PROFESSIONALS | 28 | 19 | | 1 | | |
| 3. | TECHNICIANS | 4 | 3 | | | | |
| 4. | SALES WORKERS | | | | | | |
| 5. | OFFICE & CLERICAL | 63 | 31 | 4 | 6 | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | | |
| 9. | SERVICE WORKERS | | | | | | |
| 10. | TOTAL | 95 | 53 | 4 | 7 | | |

| | | FEMALE | | | | |
|-----|------------------------------|-----------------------------------|-----------------------------------|-----------------|--|---|
| | Job Categories | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| 1. | OFFICIALS & MANAGERS | | | | | |
| 2. | PROFESSIONALS | 6 | | 2 | | |
| 3. | TECHNICIANS | 1 | | | | |
| 4. | SALES WORKERS | | | | | |
| 5. | OFFICE & CLERICAL | 15 | 2 | 5 | | |
| 6. | CRAFT WORKERS (SKILLED) | | | | | |
| 7. | OPERATIVES (SEMI-SKILLED) | | | | | |
| 8. | LABORERS (UNSKILLED) | | | | | |
| 9. | SERVICE WORKERS | | | | | |
| 10. | TOTAL | 22 | 2 | 7 | | |

Additional Information [Exhibit 1]

Exhibits

CERTIFICATE OF SERVICE

I, Kelly Waltersdorf, a paralegal in the law offices of Smithwick & Belendiuk, P.C., certify that on July 15, 2002 copies of the foregoing Supplement to Petition to Deny were sent via First Class Mail, postage pre-paid, to the following:

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Federal Communications Commission
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Kelly S. Waltersdorf